Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003062793)))



H200003062793ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

Email Address:_

LLC REGISTERED AGENT CHANGE **VULCAN BEACHES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

DocuSign Envelope ID: 2B3812DF-4368-4E3B-9BC6-40554EC7384A

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	1200 Urban Center Drive Vestavia, Alabama 35242) <u>1200 Urba</u>	Urban Center Drive Vestavia, Alabama 35242	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	6/7/2018	_	M18000005		
(a)	Date of filing/registration in Florida Corporation Service Company	4.		Document number	
(b)	Registered Agent and Registered Office shown on the records of 1201 Hays Street			- e: -	
	Registered Office Address			-	
	Tallahussee, Fl	L	525	2020 5	
		d Office ad	dress:		
	NEW Registered Office Address: 1200 South Pine Island Road			/*III: 30	
	Plantation	 L 33324		_	
ent ent is/w earl	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members injusted of organization or the operating agreement of the members.	iws of the of the region in the lin of the lin ted	stered offic impany, it i nited liabili	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
<u> </u>	tamperfragmember or authorized representative of a member			Printed or typed name of signee	
here ovis e ob mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid- ely reflect a change in the registered office address, i of in writing of this change.	gree to ac e perforn led for in I hereby c	t in this cap nance of my Chapter 6b onfirm thai	oacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is heing filed the limited liability company has been	
: L	MI CAM Alfred You	ınan			
gnali	urador Registered Agent Assistant Se	creta	ry		
	Division of Corporations P.O.	<i>Box 632</i> FEE: \$25	7• Tallaha	ssee, FL 32314	